



EMERGENCY WASTE DISPOSAL VARIANCE NOTIFICATION

NORTH DAKOTA DEPARTMENT OF HEALTH - DIVISION OF WASTE MANAGEMENT

TELEPHONE: 701-328-5166 FAX: 701-328-5200 Website: www.health.state.nd.us

SFN 51450 REV. 04/02

File Use Only:

County:

Please be familiar with the Department's Emergency Waste Disposal Variance Guideline before completing the variance notification form. Please call the Department's Solid Waste Program at 701-328-5166 with any questions.

1. Waste Description

Waste Type: **Dead or Diseased Livestock**

General Geographic Location:

2. Waste Disposal Location Information

Section:

Township:

Range:

County:

Total Acreage:

Soil Type:

Property Owner:

Street/Box:

City:

State:

Zip Code:

Telephone:

Present Land Use:

3. Disposal Site and Soil Characteristics

Site Slope (percent):

Distance to Surface Water (feet):

Depth to Seasonal High Water Table (feet):

Soil Type and Texture:

4. Cultural Resource Review

As appropriate, to help avoid impacts to cultural resource sites, please coordinate a draft copy of this form along with a copy of a U.S. Geological Survey 7.5" quadrangle map and/or a soil survey map with the boundary of the disposal site drawn into the State Historic Preservation Office (address below)

Conditions of approval or comments: _____

5. Local Approval

The County Extension Agent, Emergency Coordinator, or other local official may sign this section.

I, the undersigned, agree that waste disposal at the location described on this application is acceptable to local officials.

Signature

Telephone Number

Zoning Jurisdiction

Date

6. Waste Information: The waste has been inspected. Prohibited waste or materials will not be disposed and/or will be removed prior to disposal. (To be signed by on-site personnel)

Signature

Telephone Number

Number of Animals

Date

Comments: _____

7. Contractor/National Guard. The waste disposal site was generally operated and closed according to the Department's Emergency Guideline, Waste Disposal Variance - Dead Livestock. All waste is buried at a depth of at least four (4) feet.

Name (Signature)

Telephone Number

Date

8. Disposal Site Owner: Severe weather and/or animal disease issues have created emergency conditions in the state of North Dakota. In order to reduce threats to the environment and/or the livestock industry, I agree that dead or diseased animals, as described on this form, may be disposed on my property and will be managed in general accordance with guidelines written by the North Dakota Department of Health. To help mitigate emergency conditions, I agree to accept such animals for disposal on my site and give right-of-entry for said purposes.

Name (Signature)

Telephone Number

Date

Please send completed form, maps and diagrams to:

North Dakota Department of Health
Division of Waste Management
PO Box 5520
Bismarck, ND 58506-5520
Telephone No: 701-328-5166
Fax No.: 701-328-5200

State Historical Society of North Dakota
North Dakota Heritage Center
612 East Boulevard Avenue
Bismarck, ND 58505-0830
Telephone No.: 701-328-3574/3576
Fax No.: 701-328-3710